Best Available Copy

Effective November 10, 1998											09/486/29				
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THE						
FOR			NUMB	ER FILED	_	NUMBER	EXTRA	1	RATE	FEE	1	RATE	FEE		
BASIC FEE						2.44				380.00	OR		760.00		
TOTAL CLAIMS			14	minus	20≈	•			X\$ 9=		OR	X\$18=			
	DEPENDENT C		. <i>U</i>	minus	3 =	• ' /			X39=	· .	OR	X78=	78		
MULTIPLE DEPENDENT CLAIM PRESENT								+130=		OR	+260=				
* #	the difference	in colu	ımn 1 is	less than z	ėro, e	enter "O" in o	column 2	L	TOTAL	-	OR	TOTAL	918		
CLAIMS AS AMENDED - PART II											OTHER				
_	Personal		umn 1) AIMS	I compressed towards		Column 2) HIGHEST	(Column 3)		SMALL	ENTITY	OR	SMALL			
AMENDMENT A		REM AF	AINING TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•	4	Minus	**	14	•		X\$ 9=		OR	X\$18=			
	Independent FIRST PRESE	*	4 W05.48	Minus	SENIC		1=		X39=		OR	X78≃			
	ringi rhese	HIVIIC	N OF M	ULTIFLE DE	PENL	ENI CLAIM			+130=		OR	+260=			
	ماممام					•		-	TOTA		OR	TOTAL ADDIT, FEE			
. (412010	9col	ımn 1)		(C	column 2)	(Column 3)	A	DDIT. FEI	:	2	ADDII. FEE			
AMENDMENT B		α	AIMS AINING			HIGHEST NUMBER		Ίг		ADDI-	ĺ		ADDI-		
	AF AF		FTER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT		RATE	TIONAL		RATE	TIONAL FEE		
	Total			Minus	**	14	-		X\$ 9=	100	OR	X\$18=			
	Independent FIRST PRESE	NTATIO	N OF MI	Minus ULTIPLE DE	PEND		-		X39=	<u> </u>	OR	X78=			
,									+130=		OR	+260=			
		•						A	TOTAL DOIT, FEE		OR	TOTAL ADDIT. FEE			
	· .	_(Colu	mn 1)_		· (C	olumn 2)	(Column 3)								
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	•		Minus	**		=	┢	X\$ 9=	,,,,,	OR	X\$18=	722		
	independent	*		Minus	1.00			┢							
\leq	FIRST PRESE	NTATIO	N'OF ML	JLTIPLE DEF	PEND	ENT CLAIM		<u> </u>	X39=		OR	X78=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										·	OR	+260=			
	I the "Highest Num I the "Highest Num The "Highest Num	nber Pre nber Prè	viously Pa	id For IN THI Id For IN THI	S SPA S SPA	CE is less that CE is less that	1 20, enter "20." 1 3, enter "3."		TOTAL OUT. FEE	لــــــا		- TOTAL			
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Application or Docket Number